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EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

HEMORRHAGIC MALARIAL FEVER.

BY E. H. M. PARHAM, M. D., OF ARKANSAS.

In the February number of the SOUTHERN MEDICAL RECORD, page 65, I saw the treatment of hemorrhagic malarial fever, reported by Dr. Joiner, of Andersonville, Ga., taken from the Southern Practitioner, in which he recommends hot water as one of the leading therapeutic agents in the treatment of that dreadful disease. I have not tried it, but believe that it might be attended with some advantage, as the skin and kidneys are the chief organs through which we may expect to relieve the system from the malarial poison already existing; but why the learned Dr. should entertain fears of the free use of calomel, as expressed in that article, I cannot see, as it is well known to be the most potent remedy we have to correct morbid secretion; one of the chief factors in the development of that disease, yet he used one grain per diem, and well he did; as I have not the least doubt but that the calomel and hot water prevented fatal consequences from the free use of quinine. He also said that he had lost confidence in quinine. Yet he ordered 40 grains to prevent an expected chill that evening. I will here remark, from abundant experience, that had the Dr. used the calomel every 4 hours, and omitted quinine altogether, that he would have had the pleasure of seeing his patient convalescent in a much shorter time.

It will be remembered by the readers of the SOUTHERN MEDICAL RECORD, that I reported a case of hemorrhagic fever in 1881, published in the February number of that year. Since that time I have treated many cases, without losing a single one. My special and distinguished friend, Dr. J. K. Hodge, of Princeton, Ark., informed me a short time since, that he had never lost but one case since he adopted the plan of treatment set forth in that article; he first suggested the tincture of the muriate of iron, when ergot could not be used. Dr. Hodge saw the case he lost too late to expect any benefit from medicine, as the case was neglected, and did not live 24 hours from the time of his first visit. I know that Dr. Hodge has treated many cases, and has published his views at length in the Medical Brief, published in St. Louis, Mo., which I fully endorse, although I have not seen it. I obtained the principles set forth in that article from him personally.

It seems to me that it will be well here to give some of the most prominent symptoms by which the above-named disease may be known: It usually appears in subjects that have had repeated attacks of chills, and who have taken quinine alone to break up the paroxysms without paying any attention to the secretions, until constant lassitude with indisposition, and in fact, inability to exercise; the skin now begins to assume a jaundiced appearance, and suddenly the subject is taken with severe rigors, succeeded by fever with a depressed circulation, constant sick stomach, and frequent vomiting; the jaundiced appearance of the skin now increases rapidly in intensity, and thirst is indomitable, and often pure blood discharged every two or three hours from the kidneys. I recollect one case last fall that constant delirium, in addition to the above symptoms, attended, which case made a good and speedy recovery under the treatment which I intend to repeat in this article. Let it be remembered that this is a continued fever and will be speedily fatal if not controlled; I have never seen a case that there was any intermission, therefore I claim that quinine is not indicated, except to neutralize the poison already in the system, which it utterly failed to accomplish. I have repeatedly known the administration of 5 to 10 grains to be followed in an hour with severe rigors, and stop the administration of quinine and we would have no more rigors. The indications to be met are clearly: 1st. To arrest the hemorrhage; 2d. Correct morbid secretion; 3d. Remove renal congestion; 4th, to restore the secretion of bile to its proper channel; and, 5th, also to eliminate from the blood the effete substances already contained therein; the nausea will take care of itself as soon as the cause is removed, and by meeting the above in-

dications the removal of that cause will quietly and surely be accomplished. To meet the 1st indication I give fluid extract of ergot or tincture of the muriate of iron every 4 hours in 10 drop doses, to be given with some diaretic, (I prefer the infusion of buchu leaves) which will meet the 3d indication; and for the 2d and 4th I give one grain of calomel with 3 or 4 grains of Dover's powder every 4 hours, to be given alternately with the ergot or tincture of iron; to meet the 5th and last indication, I give as above directed the infusion of buchu leaves to promote the action of the kidneys and Dover's powder as a diaphoretic.

In one aggravated case last fall, I gave a few doses of tannic acid, I thought perhaps, with some benefit; at least the patient made a good and speedy recovery. This case had profuse hemorrhage from the stomach, bowels and kidneys; I give calomel until the liver begins to throw off bile and symptoms improve. I seldom find it necessary to salivate; I always blister over the liver and stomach, in severe cases, and I think with advantage. Laxatives should be used with caution, as the bowels, when started, are disposed to act too much, and this disease is always attended with great prostration. I prefer mild enemata when an action can be obtained by them.

Absolute quietude should be observed in every case, and the stomach should not be disturbed with any medicine, unless clearly indicated; as those named above. I allow such light and easily digestible articles of diet as the patient's appetite, in each case, seems to call for.

I have written this article hastily, without regard to logic or a desire for notoriety. I am too old for that; but am actuated only by philanthropy, and believe that I am justified in saying that if this is given a thorough trial that it will be universally adopted by the medical fraternity, and that it will save annually the lives of hundreds and perhaps thousands of the good citizens of this country. It might be said that I am speaking extravagantly, but I know that it is no more than the importance of the case demands. I hope that you will find space in your very valuable Journal for its publication.

Flatulence.—In flatulence, Dr. Bruen [Phila. Hosp.] prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsin or pancreatin with milk food, and the mineral acids with meats, should be directed to be taken immediately after meals.—*South. Clinic.*

UREMIA?

BY J. H. LOW, M. D., OF NEW YORK.

The difficulties arising in forming a correct diagnosis, and some concomitant accompanying circumstances attending a case that I was called to a few days ago, in company with Dr. Birkins, of this city, induces me to think, after our close investigation, may be of some interest to your numerous readers, more particularly in our arriving at a satisfactory diagnosis so difficult for us to determine.

Mrs. W., resident near Fifth avenue, in this city, aged 80 years and five months, was seen first by Dr. Birkins, on the 16th of July at 3:40 p. m., complained of intense pain in the head and back, had had a short while previous to the Doctor's arrival a convulsion, and a short while after his arrival was seized with another convulsion, which she seemed not to rally from, and which ended in stupor.

At this time I first saw the patient. Her breathing was stertorous and heavy; her eyes partly opened but immovable, and insensible, one pupil contracted; circulation at radial artery full and about 90. I endeavored to arouse her by vigorous means, but failed in all my attempts, she appearing to be almost insensible. I supposed at first that she was laboring under the effect of some narcotic poison taken by accident or from suicidal motives (as there seems to be now prevailing a suicidal mania) but I was informed by the family that that was impossible as she had no chance of procuring opium or any poison. Being unable to administer remedies only by injection, we threw brandy and water into the rectum, applied sinapisms, etc., and at 10:25 a. m., on the 17th, we gave her a hypodermic injection of Magruder's solution of morphia of x drops. None of our efforts seemed to have the slightest effect. She gradually passed from the stupor to a deep-seated coma from which she never rallied, and died on the 19th of July.

Profuse diaphoresis obtained throughout the entire period of coma:

TEMPERATURE. On the 17th.	PULSE.	RESPIRATION.	TIME.
99½	86	40	1:20 A. M.
98½	84	40	2:15 A. M.
98½	84	38	3:15 A. M.
98½	84	38	4:15 A. M.
98¾	86	38	5:15 A. M.
98½	86	38	9:30 A. M.

After this there was no radial pulse perceptible. The axillary temperature, as a rule, was 2° higher than the ovum, and in the right axilla the temperature was 95°, in the left 99½°.

I proposed the application of electricity, but Dr. Birkins was fearful it might result, owing to her age and condition, in the rupture of some blood-vessel, so that was abandoned.

We tested her urine thoroughly and found a large quantity of albumen, and there was also a deposit of tube casts and epithelium.

We arrived at the following conclusions: Cause of death—Uræmia acute, developed in chronic Bright's disease, producing convulsions, stupor, coma and death.

Contributing causes: Old age, broken thigh and ulcer of six years standing.

NEW YORK MEDICAL AND SURGICAL SOCIETY.

A stated meeting was held February 10, 1883, Dr. T. Gaillard Thomas, president, in the chair.

RENAL CALCULUS.—Dr. H. F. Walker related a case as follows: The patient was a man, about forty-eight years of age, who had suffered periodically for at least ten years with attacks of pain in the left side in the region of the kidney, extending down toward the bladder, and with other symptoms of renal calculus. No calculus, however, had been passed in the urine. The attacks were preceded for two or three days by premonitory symptoms. Various kinds of treatment had been resorted to without much benefit. The last remedy administered was the fluid extract of hydrangea, in doses of a teaspoonful three times daily. After this had been taken for about two or three months the patient suffered from a specially severe attack of renal colic, which lasted for three days, being longer than ordinary, and the pain extended farther down the line of the ureter than usual. There was also nausea and vomiting. The attack was followed by the passage of a calculus about one-third the size of a Java coffee-bean, and the patient had since experienced complete relief. In reply to a question by Dr. Post, Dr. Walker said that hydrangea was moderately diuretic. He was led to use it in this case by an article in the Medical Record, in which the writer stated that it was almost a specific for renal calculi.

The President remarked that he had at present two cases of supposed renal calculus under observation in which he intended to administer hydrangea as a possible means of diagnosis. The first patient, the wife of a physician, had been seen by a specialist in genito-urinary diseases, who had sent her to him on account of a tumor which was perceptible on palpation over the abdominal walls. She had been taken very suddenly with violent pain in the back, which extended down the course of the ureter and the crural

nerve. Soon afterward the urine became bloody, and contained a large amount of pus and epithelium from the pelvis of the kidney and the ureter. There were no tube casts. At the time of the occurrence of this sudden attack of pain the patient, or her husband, upon passing the hand over the abdomen, discovered a tumor. The tumor was quite distinct when Dr. Thomas saw the patient, but it was only perceptible in the sitting posture, a fact which he had observed in certain cases of displaced kidney. The presence of blood in the urine in considerable quantity suggested cancer of the kidney, but, as the disease had lasted for two years, and the patient was healthy-looking and growing stouter as the disease advanced, he thought malignant disease could be excluded. The affection in the second case had also lasted a long time, and gave a similar history.

Dr. A. C. Post remarked that a stone which had remained in the pelvis of the kidney for some time was usually too large to pass through the ureter.

The President remarked that it was astonishing how long a calculus might remain in the pelvis of the kidney for an indefinite period without giving rise to symptoms. Recently a physician, who died apparently with no other symptoms than gradual wasting away, was found at the autopsy to have a calculus in the pelvis of the kidney as long as the thumb, twice as large, and of the shape of an elephant.

Dr. Abram Dubois remarked that a man once brought to his office a handful of stones, some as large as the end of his finger, and stated that he had often passed them in his urine, and had not suffered in the least.

Dr. A. B. Ball reported further on the case of blood extravasation in the calf of the leg, narrated at a recent meeting of the society. He and Dr. Sands, who saw the case in consultation, had told the patient that the tumor would probably disappear within two weeks, and she would entirely recover. It had now been six weeks, and the patient had just got out of bed for the first time. The blood clot was probably more deeply situated than had been supposed, and, after having become hardened, was slowly undergoing absorption.

TORTICOLLIS.—Dr. Post stated that several years ago he reported a case ot torticollis in which he divided the sterno-cleidomastoid muscle by an open incision, division of the main bands of the muscle being followed by scarcely any relief whatever; the knife was then introduced more deeply, and the last layer of the muscle cut, with the effect of complete and permanent relief. He recently had a similar case in a girl who had suffered from torticollis in a marked degree from early infancy.

The President then read a paper on Intra-uterine Injections in the Treatment of Puerperal Septicæmia.

COMPLETE DESTRUCTION OF THE KIDNEY BY CANCEROUS DISEASE; REMOVAL.—The other case to which the President would call attention was that of a patient residing in Connectictu, who gave the following history: She was a married woman, fifty years

of age, the mother of six or seven children. She stated that he had attended her twenty-five years ago with Dr. Metcalfe, and that seven years ago she had called at his office on account of a tumor situated on one side of the pelvis, and that he examined it and told her it was a fibrous tumor of the uterus. She had watched the tumor during these seven years, and it gave her no trouble until three months ago. It then began to increase in size, and continued to grow until it filled one-half of the abdominal cavity. The patient emaciated and lost strength, and had not been able to leave her bed during the last three months. Great doubt had been entertained by the physicians who had seen her with regard to the character of the tumor. An aspirator-needle had been passed, but no fluid was withdrawn. Dr. Thomas found, upon examination, that the tumor was of large size, and he was unable to determine whether it was ovarian or whether it was uterine. If it were uterine, it was probably the original fibroid tumor which, according to the patient's statement, he had diagnosticated some years previously, and which had since taken on the character of a sarcoma. As the patient would certainly die within a short time if an operation were not performed, he proceeded to remove the tumor eleven days ago. The moment the abdominal cavity was opened he recognized the fact that the tumor could not be ovarian, for the intestines lay in front of it. The uterus was also found to be entirely disconnected with the tumor. The tumor was evidently deeply situated behind the intestines, and fastened by adhesions, but he was unable, after repeated trials, turning the patient from side to side, to remove the intestines from its surface. The gentlemen present were consulted with regard to the propriety of closing the abdominal wound and abandoning the operation, but the general feeling was that if this were done the patient was doomed to certain death, and, although it was highly probable that death would take place after the removal of the tumor, it was thought better to give the patient the chances of the operation. He then cut through the mesocolon with the scissors, passed the hand down upon the tumor, gradually swept it upward, came upon the pedicle, which he ligated, and removed the tumor as quickly as possible, the condition of the patient now being very unfavorable. At that time he felt satisfied that the tumor was the kidney. The condition of the patient did not allow of time to search for the other kidney. The cavity was cleaned out, the opening closed, a large drainage-tube inserted, and the patient put to bed.

The specimen had been examined microscopically by Dr. Welch, who reported that the mass was composed of cancerous material, but he was unable to determine to what organ it belonged. He could only make out the renal capsule, which was also involved in the disease. Dr. Thomas felt certain, however, that the mass, which weighed six pounds, involved the kidney.

The stitches were removed on the ninth day. The patient did very well for forty-eight hours. She then became noisy, delirious, and at the end of fifty-six hours she was quite delirious, behaving very much like a person suffering from a low grade of puerperal mania. The pulse was between 130 and 135 before the operation;

it had now fallen below 120. The urine had been secreted in amount from 24 to 26 ounces every day. There had been no tendency to suppuration, and no peritonitis, but there had evidently been some septicæmic action, the temperature having kept up to 102 and 103, and to-day was 101·6. It had at no time gone above 103. The patient would probably recover from the operation.

Discussion on Dr. Thomas's paper being in order, Dr. J. W. McLane said that his experience with washing out the uterus had been that, in those cases in which the absorption of the septic material had evidently taken place from within the uterus, the temperature could be reduced by injections into the cavity. But in some cases, undoubtedly septicæmic in character, the rapidity of the absorption was very great; a general peritonitis was set up, which would seem, at the post-mortem examination, to have been the only affection from which the patient had suffered. The question arose in his mind whether washing out the uterus under such circumstances would save the life of the patient.

The President thought that such cases would probably terminate fatally, whether the uterus were washed out or not; that it was then too late for treatment. His experience had been that the sooner the injections were begun in a case of puerperal fever the more successful would be the result.

Dr. G. G. Wheelock remarked that he had seen metro-peritonitis treated by washing out the uterine cavity with the result of not reducing the temperature in the least. The diagnosis had been confirmed by a post-mortem examination.

Dr. Walker remarked that he had made use of uterine injections a great deal, both in private and hospital practice, and had produced much benefit with them, especially in cases of threatening septicæmia.

The President remarked that Dr. Jones published a case several years ago, in which the injections were begun after the temperature had reached 107° and 108°, and the patient recovered.

Dr. Walker remarked that he had published a case in which the temperature rose to 108°, and injections were continued for six weeks before the patient fully recovered. He did not think we should always expect to find an external lesion which would account for the absorption of septic material; he believed that it took place more frequently from the inner surface.

The President referred to a case to which Dr. J. B. Hunter was called in consultation in a neighboring city about eleven days ago. The patient had been delivered five weeks previously, and was suffering from septicæmia with a temperature of 103·5°, the pulse 120. Her family physician, who was a competent man, and several others, had given up all hopes of saving the patient's life. When Dr. Hunter saw her he proposed to wash out the uterus, but was met with the most stubborn opposition. Obtaining the husband's consent, however, he proceeded to make the injections, and in less than twelve hours the temperature and the pulse fell, and the patient was greatly relieved. The treatment was still being continued. In reply to a question by Dr. McBurney, the

President said the strength of the solution which he used at the present time was 2½ per cent.

Dr. Wheelock remarked that at the Nursery and Child's Hospital, when the temperature rose to 103°, and there was a discharge of foul odor, uterine injections were used, and always with the most favorable results.

Dr. J. G. Curtis asked whether the cause of the entrance of air into the circulation in the cases which had been reported could, in every case, be traced directly to the introduction of the catheter into a uterine sinus.—*N. Y. Med. Record.*

CHOLERA. WHAT IS IT?

BY PROF. T. S. BELL, M.D.

This potential word exercises a very strange power over the human mind. Nations stand affrighted at the utterance of the word. The lessons of experience are forgotten, the indubitable facts upon which all truth stands become nugatory in the frenzied excitement of the mind, and people fail to treasure up observations that would prove valuable if brought into action at the proper time. To recall the lessons of history, to teach the records of nature, to show that when she is heeded her revelations are always beneficent, and when neglected that she exacts a fearful penalty, is the object of this paper. There can be no motive to utter aught but the truth, the whole truth and nothing but the truth. He that is indifferent to these requirements is unworthy of any place in society or any position in the ranks of the medical profession. The office of that profession is to allay unnecessary fears, to calm the public mind, and to conduct it into avenues of safety and to preserve it in health.

Cholera is always a manifestation of a local condition inimical to health and safety. It never showed itself in any spot on the face of the earth except in obedience to this local condition, and wherever the condition exists, no matter where, the disease will infallibly manifest itself. Why did cholera manifest itself in the army of the Marquis of Hastings in 1817? Because it was encamped on the marshy banks of Scind, in tropical weather, where vegetable decomposition was in a fit condition to produce the fatal poison. The pestilence was fearful in that portion of the army near the focal point; that portion of the army encamped away from the river was perfectly healthy, and remained in that condition. The army was ordered to leave the seat of pestilence, and was marched to the hills, where the pestilence ceased. It could be tracked by the skeletons it dropped in its journey to the hills. When the army was in reach of the cause the pestilence raged fearfully; when it reached the hills, there being no cause for pestilence there, sickness ceased, thus vindicating the fact that the intelligent authorities knew the nature of that cause, which, when present, caused the havoc, which, when modified, modified the disease, and which, when absent, prevented its ravages. If, with

the eyes of our reason, we were to survey all such outbreaks, we should invariably find the local circumstances that cause them.

Dr. Farr, the Registrar-General of England, looked upon the developments of the disease over a wide-spread area. He looked with the eyes of a philosophic master. He observed with the desire to find the truth, and he endeavored to proclaim that truth with all the clearness in which it presented itself to him. He said, "Cholera is a health inspector whose decrees are infallible, whose requirements are inexorable."

Professor Charles Caldwell, whose medical sagacity was often almost intuitive, said, "Cholera, though a fatal scourge to the world, will, through the wise and beneficent dispensation under which we live, be productive of consequences favorable alike to science and humanity. Besides being instrumental in throwing much light on the practice of physic, it will prove highly influential in extinguishing the belief in pestilential contagion and bringing into disrepute the quarantine and sanitary establishments that have hitherto existed."

There are occasionally gleams of hope in the utterances of leading members of the medical profession that foolish chimeras, jejune statements and inanities on the great scourge of the world will cease their warfare against reason, fact and truth, and permit a ripened, clear and matured judgment to exercise its sway over this vital matter of public concern.

In 1848 the British and Foreign Medical Review contained an able and philosophical examination of an immense number of facts connected with the features of cholera, as displayed over a vast extent of the earth's surface. After reviewing these facts the writer closes with these consolatory reflections: "The true philosophy of medicine is the knowledge of the causes of disease, or, if these causes be too subtle and refined for our gross senses, it is the knowledge of the several cenditions, external or internal to the body, which give those causes power. In the future history of medicine we shall see men returning to the principles promulgated by its earliest founders. They will perceive that the treatment of the fully formed disease is, at the same time, the most difficult and the least useful part of this noble profession. They will learn to arrest the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries. And if the principles which we have analyzed in this article be correct, it will not be the least triumph of this philosophy that it has indicated the true mode in which the great epidemic of our time can be most easily and most effectually controlled. It bars out the disease, not with quarantines and cordon sanitaires, but with a cleanly people and uncontaminated air. *The evil which springs from the bosom of Nature only needs for its removal an observance of the rules which Nature herself reveals.*" The italics are ours.

There are a vast number of prelections upon the contaminations of drinking-water as the cause of enteric fever, contaminations which even the mighty powers of the earth cannot remove, according to the assertions of some of the whimsical philosophers who advocate the guess-work involved. But if drinking-water

thus becomes contaminated, why may not the air become impure by admixtures of noxious agents? We know that these noxious agents do thus act, because we have many records of men who undertook to plow fields in hot weather—and slept in these fields—every one of whom was found dead next morning. Occurrences similar to this have often taken place in the Campagni di Roma. In that region of verdure called the Maremme di Lucca, in Tuscany, extending from Florence to the shores of the Mediterranean, we know that for centuries the inhabitants never lived at home from the first of July until October, sometimes November, with their frosts put an end to the reign of the poison. The evil has ceased, through the control exercised by an exact knowledge of the character of the conditions from which the poison derived its potency. We shall recur to this again while on this subject.

I am often asked whether certain cases of cholera are instances of the Asiatic variety. I answer, no; they are home-productions, precisely as cases of intermittent fever are. Asia produces intermittent fever analogous to our forms of the fever. The cases which occur in Asia are Asiatic; those that take place in this country are home-productions, or cases of American intermittent fever. The two forms are precisely alike in origin, paroxysms and termination. In a similar way those cases of cholera that occur in Asia are Asiatic; those which we have in America are cases of American cholera. The features of the one are alike in everything to those in the other. In Asia some cases die in an hour after the first symptom shows itself; such cases occur here. In Asia many fatal cases have neither vomiting nor purging; many such cases have been seen here. In all attacks of cholera in Asia there is a total suppression of every secretion, of every nutritive force, of everything like the circulation of the blood. These are equivalent to death. Precisely similar phenomena are found in every endemic of cholera in Louisville. In these conditions of the forces of animal life, in the cases that appear in Asia, the brain towers aloft serenely, and is often mischievous in its trickery. It is often astonishing, when the flitting shadows of life are about sinking from view, to see the calm, self-possessed, clear and active state of the mind in choleraic patients. That which is the rule in Asiatic cases is equally present in Louisville attacks. There is not a single sign of the disease in Asia that is not conspicuous in the seizures in Louisville. There is not the shadow of difference in the character of the attacks, whether one set are in Asia and the other are in Louisville. An attack of intermittent fever is precisely the same as an attack of that disease in Louisville. Why should one be called Bothnia fever, the other Louisville fever?

In Asia there are large regions among the places devastated with cholera that have never had a case of the disease in them. One village may be severely visited one season; another village in the immediate vicinity of it, having intimate intercourse with the afflicted one, has never had a case of disease among its inhabitants. That is precisely the history of the disease in the United States. How is it that Sundeep in the sunderbunds along the Bay of Ben-

gal always escaped from cholera, while the ravages around it were dreadful? The escape was not due to the want of intercourse.

Kristofsky, near St. Petersburg, was perfectly free from the disease, while St. Petersburg was severely ravaged, and there was constant intercourse between the two places. Vienna suffered severely from cholera; it raged around the Faubourg Leopoldstadt at Vienna, but this Faubourg escaped. The intercourse between this and the ravaged parts of Vienna was constant.

In 1833, Lexington, Kentucky, was very severely ravaged with cholera—more than one-half the population of Lexington fled from it. They did not carry the disease nor spread it. The intercourse between Lexington and Versailles was very intimate, daily interchanges of visits took place, but there was not a case in Versailles.

Then, again, "The testimony is conclusive that the German villages of Gallicia have always been spared; this exemption is due to their cleanliness, but many places around these villages that were known for their insanitary condition the disease ravaged severely. The town of Sarepta, noted for its thorough cleanliness, has always escaped a visitation of cholera, while neighboring places, not conspicuous for cleanliness, suffered from its fatal ravages.

In Hindostan the natives universally noticed that villages very unhealthy and exposed to the exhalations from marshes, rivers and lakes, were sure to suffer; while other places in different conditions entirely escaped. Mr. Jameson, who gathered these facts on a large scale, had his attention called to this feature by noticing the towns of Muttra and Agra. Muttra, (often spelled Mathura) is a very filthy, crowded town. Although it was forty miles nearer the line of cholera than Agra, the latter being dry and airy, Muttra was fatally assailed while Agra was scarcely touched. Jameson says these facts are true about the whole of India. It was often noticed in India that the wives of soldiers, twenty-three out of one hundred and fifty-nine dying with cholera, while among forty-two ladies in the barracks there was not a single case. These then are the testimonies of India on this subject. Surely those who are affected with an Asiatic mania, whenever cholera is mentioned can afford to listen to these potent voices from Asia.

Before leaving Asia I beg leave to call attention to important facts connected with a celebrated spot in India. It has important features that are very instructive, and to which we cannot give too much heed. In the midst of an immense granitic plain an immense granite rock shoots up five hundred feet. Upon the summit of this rock the British determined to erect a fort, because of its commanding position. There were no springs nor streams there to supply it with water. The engineers had capacious cisterns cut in the granite, and relied upon rain-water for the garrison. The fort was called Fort Bellary. It soon became notorious for the ravages of cholera. It is the only place in the world that was known to have cholera annually. It was very fatal. The garrison was composed of infantry, cavalry and artillery, and the hill-sides were well covered with the graves of these members of

the force. It was noticed that while cholera ravaged the fort annually, no case had ever occurred in the Bazar in the plain near the foot of the hill.

When McGregor became Medical Director of the British forces in India, he determined to make a personal inspection of Fort Bellary. It was high time that some one should do this. He went to the scene of these annual ravages, and speedily unveiled the mystery. He found immense masses of decaying vegetable matter about the water-tanks, where the horses were fed and watered. He ordered the immediate removal of this mass, and provided for thorough drainage so as to cut off the supply of moisture. He instituted proper measures for feeding and watering the animals, and required that due attention should be paid to daily cleanliness. From that time down to the present, through a period of over thirty years, there has never been a case of cholera at Fort Bellary. In all cases, if we change a place, that has had cholera, into the exact similitude of a place that never had a case, we acquit ourselves of a public duty under the guidance of a supreme wisdom, and we then feel that our labors are not in vain. Since Medical Director McGregor performed this duty at Fort Bellary, no mortal has ever been able to make cholera "travel" to Fort Bellary, nor to "travel" from it. McGregor struck it a deadly blow, and at Fort Bellary it has been a nonentity ever since. This was a medical duty recognized and effectively performed.

The question naturally springs up and demands an answer—Have such results followed similar labors elsewhere besides Fort Bellary? We do not know an instance to the contrary. We have been intimate with such scenes for nearly fifty-one years, and in that extensive experience we have never known a spot visited by cholera, the condition of which was so changed as to resemble places that never had a case of the disease, in which it ever appeared again. There is no more reason to apprehend that cholera can again attack Market street between Tenth & Eleventh streets, than we have to apprehend any other impossibility. No one feels any more fear that it can again attack both sides of Jefferson street, beginning at the corner of Jackson street, as it did in 1850, than that it can sweep the Galt House or Louisville Hotel clear of inhabitants. No effect can come without a cause. When a cause is absent, the effect can not appear. No one has any uneasiness that it may again show itself on the corner of Ninth and Jefferson and ravage nearly up to Eighth street, as it did in 1832. There are many hundreds of squares in Louisville that never have had a case of cholera in them. It is perfectly reasonable to feel sure that if we put every square in the city in the condition that those were in when cholera failed to attack them, we shall shut it out completely. This seems as plain to us as that twice four make eight. Many places here that had a cholera visitation in 1832 never have had a case since. Spots that had a visitation in 1833, and were changed, never have been afflicted with cholera since, nor anything akin to it down to this moment.

We shall record the triumphant labors of Dr. Shapter, at Exeter, England, and those that have saved the great lunatic asylum at

Bethlehem, England, ever since 1832. But the especial points of the inquiry on this interesting matter will be devoted to home. We prefer this, because the facts can be denied or proven most easily where all of them are best known among living witnesses. To this inquiry we shall devote the next number of this series. In the meantime we urge upon all the necessity of thorough cleanliness and dryness at home, and in all their surroundings, as the price at which health may be secured.

The question is often asked, with deep solicitude, when we hear that the disease has broken out anywhere, are we going to have cholera here? We can enable each one to answer this question for himself. Very carefully examine your premises, leave nothing uninvestigated; then thoroughly know the condition of all your surroundings, for it should be well recognized that, if some neighbor has dangerous premises, you cannot be safe. Let each one see that his own house and grounds are dry, airy, and clean; that the contents of his privy-pit are at least three feet below the surface, and in this state of things he may feel perfectly secure so far as his own premises are concerned. Then, if he finds a damp spot where vegetable material is decomposing, let him take the proper steps for removing that. All this being done, he may feel as certain that he has nothing to fear from cholera as he can feel in any earthly matter. In examining his premises he may overlook a source of great danger. The surface may look dry, but there may be water beneath it that may imperil life—if so, drain this water off.—*Louisville Med. News.*

PHARMACEUTICAL PREPARATIONS OF CORN SILK.

BY GEORGE W. KENNEDY, PH.G.

Read at the Pharmaceutical Meeting, April 17.

During the past year several physicians of Schuylkill county have been using different preparations of the stigmata of Zea Mays for catarrh of the bladder and similar diseases with very good results. The preparations should be made from the fresh article, as the dried seems to be worthless; at least, that is the experience of those who have had the subject under investigation: cases under treatment, which were not benefitted by the powder or other preparations made from the dried article, yielded to a tincture prepared from the fresh or green stigmata. It would be advisable to gather the drug before it begins to change in color, or select only that portion having a green or greenish-yellow color. The writer manufactured a quantity of the tincture last September, which has all been prescribed and used by our physicians, and I am now compelled to purchase the fluid extract to supply the demands. One of our medical practitioners, who is very particular, has great confidence in the curative properties of corn silk; his choice of all the preparations is the syrup which I have made and would recommend to be made from the fluid extract. This is an expeditious mode of making the syrup, and one which is entirely

satisfactory, the syrup containing only a very small percentage of alcohol. The diseases for which corn silk is recommended are of such a nature—generally of an inflammatory character—that the patient should not use alcohol in any form, because it produces irritation, and irritants should be left out of the preparations as much as possible.

Should the drug prove to be as valuable a remedy as some medical men consider it to be, there is no doubt but its use would become general. Either the fluid extract or the syrup, or both, would be the best preparations to recommend for introduction, although the tincture gave fair satisfaction, yet I do not believe it to be the most suitable preparation.

It should be remembered that the fresh drug contains a large amount of moisture; it contains certainly not less than fifty per cent., and likely considerably more. I would suggest that not less than double the quantity of the drug be used; for example, if a hundred parts of syrup or tincture was to represent twelve parts of the dried material, then twenty-four parts of the fresh or green corn silk should be used. I would recommend the following formulas:

TINCTURE OF CORN SILK.

Take of corn silk, green, twenty-four parts..... 24
" diluted alcohol sufficient to make one hundred parts.. 100

Cut the silk into small pieces, either with a large pair of scissors or a tobacco cutter; after which, place in a mortar and beat into a pulp with a small quantity of the diluted alcohol. Prepare a cylindrical glass percolator, by closing the lower orifice with a cork; transfer the silk pulp to the percolator, and add sufficient of the menstruum to form a layer over the pulp; cover the percolator closely and allow to macerate for forty-eight hours; then loosen the cork enough to permit percolation to proceed at the rate of forty drops per minute; add enough diluted alcohol and continue the percolation until one hundred parts are obtained. The tincture possesses the characteristic odor of corn silk, is of a yellow straw color and of a pleasant, sweetish taste. Dose for an adult, one or two fluid drachms (gm. 4—8).

FLUID EXTRACT OF CORN SILK.

Corn silk, green, two hundred grammes.....200
Glycerin, twenty grammes..... 20
Diluted alcohol, a sufficient quantity to make one hundred centimeters.....100

Cut the silk into small pieces. Mix the glycerin with eighty grammes of diluted alcohol. Place the cut corn silk into a mortar, and beat into a pulp with a portion of the menstruum; after which, pack in a cylindrical glass percolator; add sufficient of the mixture to cover the pulpy mass, and when the liquid commences to drop from the percolator close the lower orifice; cover the percolator tightly, and allow to macerate for forty-eight hours, then permit percolation to go on slowly, about forty drops per minute; add the remainder of the glycerin mixture, and then diluted alco-

hol until the drug is exhausted, reserving the first seventy cubic centimeters of the percolate; evaporate the remainder to thirty cubic centimeters, and mix with the reserved portion, making in all one hundred cubic centimeters. The odor and taste is similar to that of the tincture, but much stronger, and a shade or two darker. Dose for an adult from half to one fluid drachm (gm. 2—4).

SYRUP OF CORN SILK.

Fluid extract of corn silk, twelve parts	12
Syrup, eighty-eight parts	88
To make one hundred parts	100

Dose, from one to two fluid drachms.—*Jour. of Phar.*

IODIDE OF POTASSIUM.

BY GEORGE THOMAS JACKSON, M.D.

Iodide of potassium, the Iodkalium of the Germans, and the iodure de potassium of the French, is made by the addition of iodine in excess to an aqueous solution of potassa. It occurs in semi-opaque, white, transparent or colorless crystals, permanent in a dry air, rather deliquescent in a moist one, of an acrid saline taste. It is soluble in two-thirds its weight of water, and in six to eight parts of alcohol.

ANTAGONISTS AND INCOMPATIBLES.—It is incompatible, according to Biddle, with ammonium salts, sulphate, nitrate, phosphate, and borate of sodium, sulphates of potassium and magnesium, spirits of nitrous ether, soluble red salts and the mercurials generally; with chlorate of potassium, if a mineral acid is added, a poisonous iodate of potassium is formed. Therapeutically, its action is antagonized by all those remedies which promote constructive metamorphosis, and by the vaso-motor tonics, quinia, digitalis, cold, etc. (Wood). It should be remembered that calomel and potassium iodide exhibited together form the green iodide of mercury.

SYNERGISTS.—Alkalies and other remedies which promote waste favor the action of iodine and the iodides. Even mercury, which, theoretically, is incompatible with the iodide, is, especially in syphilis, synergistic.

PHYSIOLOGICAL ACTION.—When taken into the stomach the salt is rapidly absorbed and enters into the circulation. In the stomach it may cause, at first, a feeling of coolness, this being followed by warmth, or even burning, if the dose has been considerable. By many it is claimed that when the potassium salt enters the blood it is changed into a sodium salt. This theory, according to Ringer, has not yet been substantiated. Professor Binz ("Am. Jour. of the Med. Sci.," vol. lxx, p. 234) holds that,

when the salt is taken into a healthy stomach, part is changed, by the action of the hydrochloric acid in that viscus, into hydriodic acid; another part is acted on by the chloride of sodium and changed into the iodide of sodium; and, if enough has been taken, the residue remains unchanged. All three combinations pass quickly into the circulation, when the hydriodic acid meets with soda and forms iodide of sodium; the iodide of sodium is acted on by carbonic and other acids, and iodine is set free. It has also been asserted that iodide of potassium is decomposed by the ozone, and depends for its action upon liberated iodine (Wood's "Therapeutics," 1876, p. 379). This theory also needs substantiation. By some of the leading authorities iodine and iodide of potassium are said to have the same action in the system, and many hold that the iodide depends for its action upon the iodine contained in it. It is true that both iodine and the iodide, when taken in sufficient doses, cause gastro-intestinal disturbance, and, when given continuously, produce iodism; but their theaapeutical uses are in many points different. Iodine acts upon the chronic enlargements of scrofulosis more effectively than the iodide, while the iodide is *par excellence* the remedy for the tertiary enlargements of syphilis. In rheumatic affections the iodide is employed, but here, no doubt, the iodide owes its efficacy, in good measure, to the potassium. The diuretic action of the iodide may also be ascribed to its potassium, though Bouchard affirms that iodine increases the elimination of urea.

The iodide of potassium exerts an alterative effect upon the tissues. In the physiological state the iodides increase waste and the elimination of the products of waste, and, if administered for a length of time, they cause emaciation and a general depression of the vital functions. Wood states that he has given the iodide in enormous doses, and seen nervous symptoms developed in only one case, where two hundred and seventy grains a day were exhibited, and the patient became intensely stupid and sleepy. An apparent contradiction to the depressing and emaciating effect of the drug is found in its action in syphilis, where, under its administration, the patients are seen to gain in health and strength. This action in syphilis is accounted for by the so-called specific action of the salt, the virus being eliminated by it, and the system at once reacting. Dr. C. Binz ("Grundzuge der Arzneimittellehre," Berlin, 1879) gives as a probable theory of the action of the iodide upon syphilitic and other abnormal deposits, the following: If iodide of potassium comes in contact, outside of the body, with protoplasm, water and carbonic acid, it is changed by the oxidizing prrperties of the protoplasm into bicarbonate of potassium and free iodine, this reaction being necessarily accompanied by some change in the protoplasm, yet undetermined. In the diseased body, if a pathological cell organization, water and carbonic acid, or some stronger acid, are together present (and, where abnormal cells are found, the other elements will not be difficult to find); then the same reaction must take place in the presence of the potash salt, the elements of the protoplesm being broken up, the bicarbonate of potassium being formed and the iodine set free,

which latter unites with the sodium of the blood and appears in the secretions as the iodide of sodium.

The salt is almost as rapidly eliminated as it is absorbed, so that, within fifteen minutes after taking it, it may be found in the saliva and the urine. The chief eliminator of the salt is the kidney, but the broncho-pulmonary, faucial and salivary glands take part in this action. Hence, we find, during a course of the iodide, that a stimulating effect is often exerted upon the mucous membrane of the lungs, fauces, kidneys, etc., a greater quantity of mucus being thrown from the lungs, symptoms of acute coryza not unfrequently showing themselves, and the taste of the iodide with an increased flow of saliva being noticed in the mouth.

IODISM.—A characteristic effect of the iodide, when given for a continued period, is the production of what has been called iodism: this it owes to its iodine. The quantity necessary to produce iodism varies with the susceptibility of the individual. Ringer states that in some peculiarly susceptible individuals one grain of the iodide, or even a part of a grain, has induced it. Most patients, however, bear the administration of the iodide without experiencing any unpleasant effects; and, usually, even if iodism is induced, the system soon accommodates itself to the drug, a state of tolerance being established, though no change may have been made in the dose. In some patients in whom it is desirable to induce iodism, enormous doses have to be administered before the required effect is produced.

The symptoms of iodism are general malaise, frontal headache, coryza, lachrymation, sometimes inflammatory swelling of the eyelids, bitter saline taste in the mouth, sore throat, hoarseness and dysphagia. An eruption of acne, especially on the face, shoulders and thighs, is a common result of the continuous use of the iodide, and it may be present indepently of any other symptom of iodism. Duhring says that "iodide of potassium may give rise to erythematous, papular, vesicular, pustular, bullous and purpuric lesions. The erythematous efflorescence, not very uncommon, occurs usually upon the forearms in discrete or confluent patches, and also upon the face and neck. If the administration of the drug is persisted in, this may go on to the papular form, which is rarer. The vesicular or eczema-form variety occurs in patients who have long continued the use of the drug; by some it is said to be most common on the scalp and scrotum; others describe its occurrence on the chest or limbs, and as accompanied by severe itching and desquamation." One case is reported (Bumstead and Taylor, "Venereal Diseases," New York, 1879) where only moderate doses caused an eruption like eczema rubrum over the whole body, accompanied by fever, some dyspnœa, and copious exudation. The pustular eruption bears a close resemblance to that caused by bromide of potassium, and is acneform in appearance. This is the acne eruption before referred to. Sometimes the pustules are followed by indurations which may persist. There is also a rare form of vesiculo-pustular eruption described by Duhring ("Diseases of the Skin," 1881, p. 329) which resembles an irritated patch of ring-worm. The bullous eruption occurs

most frequently about the head, neck and upper extremities, less frequently upon the lower limbs, rarely upon the trunk. The eruption begins as pin-point-sized vesicles, or as shot-like papules, at the apices of which vesiculation appears, the vesicles being of a pale, yellowish-white color. If the iodide be given in large doses or continued, the blebs become dark red ar purplish, the serum, at first clear, becoming puriform and sanguinolent. Upon the discontinuance of the iodide, the lesions usually disappear within a few days or a week. Purpura is rarely produced by the iodide. It commonly appears soon after the beginning of a course of the medicine, and is most apt to occur upon the legs, less frequently upon the neck, face and other parts of the body; taking in some cases the miliary form, sometimes occurring in large patches, and it may even take on the form of purpura hemorrhagica. Hydroa, says Hutchinson, is most frequently caused by the iodide. It has, also, been asserted that atrophy of the testes and mammæ takes place under the use of the iodide, but many prominent writers, as Bartholow, Van Buren and Keyes, and others, deny this. That it has an antaphrodisiac effect, and, in long-continued doses, is capable of causing loss of sexual power, is, according to Bartholow, quite certain.

Some cases of iodism are characterized by nervous troubles—neuralgia, ringing in the ears, convulsions, disturbances of vision, and paralysis. Rilliet (Trousseau's report on memoir, "Bull. de l'Acad. Roy.," xxv) says the iodic cachexia is most easily induced in goitrous persons, and is characterized by rapid emaciation, commencing mostly in the face, severe nervous palpitations of the heart and excessive appetite. If the drug is continued, hysteria or hypochondriasis, with insomnia, manifests itself.

TREATMENT OF IODISM.—The unpleasant effects of the iodide appear earlier and continue longer in those in whom the processes of elimination are deficient or slow. If large draughts of water are taken with the iodide, in many cases iodism may be prevented, the water aiding in elimination. Bumstead states that if Fowler's solution is administered with the iodide, the eruption of acne may be prevented. Some claim that, if a full dose of carbonate or spirits of ammonia be administered with the iodide, the unpleasant effects of iodism may be obviated; but Ringer states that he has many times tried this, with no decided effects. If, on continuing the drug, the state of tolerance is not established, and if, after exhibiting it highly diluted, or with ammonia, the bad symptoms still continue, by stopping the drug for a few days they will all disappear without any other treatment.

ADMINISTRATION.—The dose of iodide of potassium is usually, to begin with, five to fifteen grains. Its limit is, practicly, as much as will be tolerated by the system, or enough to produce the desired effect. It may be given pure or in solution, preferably the latter, and the higher the dilution the better. Seguin ("Arch. of Med.," vol. vi, 1881, p. 34) gives the following directions to prevent any gastric disturbance arising from the use of the salt: 1. Use a simple aqueous solution. 2. Give it upon an empty stom-

ach, fifteen or thirty minutes before the ingestion of food. 2. Give it freely diluted with an alkaline solution. He uses a solution of equal parts of the iodide and water, by weight, and finds that a loss of one-fifth is made by mixing the salt and water, so that in one hundred drops of the solution there are only about eighty grains of the iodide. As an alkaline diluent, he advises Vichy water, one-half or one glassful being taken with each dose of the salt. If neither the Vichy nor the Vichy effervescent salt can be procured, then a pinch of bicarbonate of sodium to a glassful of water will answer.

THERAPEUTICS.—As the object of this paper is principally to discuss the use of iodide of potassium in syphilis, the writer will merely mention that the salt is useful in the following maladies, viz.: bronchocele, scrofula, chronic rheumatism, gout; as a diuretic and alterative in Bright's disease (fibroid degeneration), in spasmodic asthma, acute coryza, acute and chronic bronchitis, hay asthma, chronic pleurisy, chronic pericarditis, chronic splenitis, chronic laydrocephalus, basilar meningitis, aneurism; and as an eliminative in mercurial and saturnine poisoning. Locally, it forms an excellent application in aphthæ, mercurial stomatitis, pharyngitis and tonsillitis.

But it is the part the iodide plays in the treatment of syphilis which makes its study of special interist to the syphilographer. It has been used during the presence of the initial lesion, during the prodromal fever, and during the whole secondary or tertiary stage of the disease. M. F. Diday ("Therap. de Mal. Ven. et des Mal. Cutan.," Paris, 1876, p. 269) gives the salt during the presence of the chancre, before the stage of eruption (secondary), "not to drive out the poison of the virus, but to brace the constitution against it." To this end he gives, every morning and evening, one tablespoonful of a mixture containing: distilled water, gr. 500; iodide of potassium, gr. 12; citrate of iron, gr. 2, giving it freely diluted in water. He uses the same mixture during the prodromal fever He claims that the good results from this method of treatment are due to the action of the iodide upon the red blood globules, saying: "M. Grassi has determined by his experiments that, during the chancre, the proportion of the red blood globules is diminished by about one-quarter; that the iodide of potassium administered during this time re-established their normal proportion in fifteen or twenty days; and that, further, the iodide of mercury is far from producing the same good effects." Most authorities, however, state that the iodide is not of much use in the first stage of syphilis, nor in the early part of the second stage, but that it is most useful in the so-called tertiary lesions. Van Buren and Keyes give, as a rule for the time of its administration, the following: "As soon as the cutaneous lesions show a marked tendency to aggregate in patches, and especially to remain long chronic as scaly or tubercular thickened patches, or, indeed, without eruption after the first year of syphilis, the iodide should be given in the mixed treatment" (Van Buren and Keyes, "Genito-urinary Diseases, with Syphilis," New Nork, 1877, p. 565). The indication for giving the drug is rather the character of the syphilitic

lesion, and the condition of the patient in regard to his having taken mercury, than the time which the disease has lasted. All authorities concur in stating that it gives its most brilliant results in the ulcerating and the gummy forms of syphilis, and in the deep lesions of bone, brain and viscera. It is especially useful when the syphilitic or mercurial cachexia is present, or when the patient has taken mercury for some time without effect. Niemeyer says that "the iodide is indicated and gives most relief in all cases where the spontaneous extinction of the malady is not to be calculated on, and in which the employment of mercury is contraindicated." Bartholow, ("Materia Medica and Therapeutics," New York, 1877, p. 182) says: The iodide of potassium is useful and curative in syphiloma of the nervous system, in mental disorders, epileptiform seizures, paralytic states, etc., dependent on gummata, nodes, etc., in neuralgia of the fifth, nocturnal pain in the head, syphilitic paraplegia, the various neuralgiæ of syphilis, ulceration of the nares, palate, tonsils and larynx, syphilitic deposits in the lungs simulating phthisis, syphilitic disease of the spleen, liver, kidneys and other viscera, syphilitic rheumatism and the late skin eruptions of syphilis. Rosenthal ("Nervenkrankheiten," Wien, 1875, p. 234) prefers mercury to the iodide in syphilitic disease of the brain.

The iodide, when administered for these late syphilitic lesions, should be pushed rapidly till the full effects of the drug are manifested, or till iodism is induced. Unfortunately, while the salt undoubtedly relieves the urgent symptoms, it does not possess those truly curative or specific qualities of mercury; so that, after relief is obtained by its use, mercury must be again resorted to for a permanent cure, the two drugs being continued in combination.

When the iodide is given after a course of mercury, sometimes salivation is induced, it having the property of rendering mercury, or any of its compounds retained within the tissues of the body, soluble, and of throwing them back into the circulation, to be eliminated by the kidneys. It has been affirmed that any good which may result from the administration of the iodide is due to its solvent power upon the mercury held in combination with the albuminoids of the body.

It is quite customary and really useful to administer the iodide with mercury in the so-called "mixed treatment," notably in the later stages of syphilis. There have been combinations of nearly all the preparations of mercury with the iodide, but probably the most used are the bichloride and the biniodide. The solution of the bichloride with the iodide is chemically unsound, the biniodide of mercury being formed with iodide ef potassium in excess. It is, nevertheless, useful. As a vehicle, perhaps, the compound syrup of sarsaparilla is as good as any, the English authors speaking highly of it for its own sake, and it is certainly a pleasant medium. Lee ("Lectures on Syphilis," London, 1875) thinks that if the iodide of potassium is given by the mouth, and mercury by inunction, they unite in the system and produce about the same effect as if iodide of mercury were given internally. This is a good way to treat chronic cases where the stomach must be spared as much as possible.—*N. Y. Med. Jour., Oct. 1882.*

ABSTRACTS AND GLEANINGS.

Practical Medicine.—At the American Medical Association Dr. J. H. Hollister, of Illinois, Chairman of the section on Practical Medicine, read his address. He declared that progress in medicine depended on the exercise of pure reason, which can never defer to faith, and can expect no such aid from revelation as may cause it to walk with a wisdom not its own. It is so much the creature of mental and material forces which are interchangeable, interdependent and inseparable, that reason is compelled to thread her way with steps slow and uncertain, sometimes in truth, oftimes in error, ever painfully conscious of her weakness and of the mysteries which confront on every side. The absence of full positive knowledge has prevented the restraint of the fancies and credulities within its fold, and, as a consequence, speculations have been piled mountain high by one generation but to disappear in another like chaff before the driving wind; but there have been left after these thorough winnowings some golden truths, and the treasure-house is being slowly, but surely enriched by the garnerings of the ages.

He complimented the profession on the growing number of original workers, and on the consequent improved quality of the literature of the profession. He declared that, probably, no year in the history of medicine had witnessed as much original work as had the year just ended, or seen a better periodical literature.

In referring to the labors of Koch, he maintained that, while the tubercle bacillus undoubtedly existed, the question whether it was an effect or a cause of tuberculosis still remained unsettled, and that it will continue to so remain until a means is discovered of destroying it without injury to the tissues.

He called on the profession to take some action looking toward a restoration of the evils which attend the sale of proprietary medicines, and suggested a somewhat doctrinaire method of ridding the country of this curse.

He touched pointedly on the evils of a combination of the teacher and examining power in our colleges, and suggested the creation of a central bureau, to whom should be relegated the examining and licensing power.

The address was, in the main, pithy and practical.

Dr. J. K. Bartlett, of Wisconsin, Chairman of the Section on Obstetrics and Diseases of Women, not being in attendance, his address was read for him by Dr. Senn, of Milwaukee. He criticized Emmett's operation as a routine procedure, stating that experience has shown that undue importance has been attached to the lesion which it is designed to overcome, and that it fails to uniformly work the relief contemplated. A more definite understanding of the conditions requiring its performance is demanded.

Of Battey's operation, he said that most of the indications which have been claimed to warrant it are now generally admitted. There is still some diversity of opinion concerning its value in

epilepsy, hystero-epilepsy and mania, seemingly dependent on, or associated with ovarian troubles.

He discussed the employment of electricity as a means of destroying the fœtus in extra-uterine pregnancy, and illustrated its value by the report of several cases.

In regard to transfusion in post-partum hæmorrhage, he had concluded that, while it is theoretically valuable it is practically unsatisfactory. He related cases in which milk and saline solutions had been employed instead of blood, with benefit.

On the whole, he believed that more harm than good was being done by tne use of the obstetric forceps. He referred, with keen sarcasm, to the ingenuity of man in devising mechanical contrivances for the emptying of the human uterus, and would not be surprised at any time to hear of the introduction of a one-horse electro-motor power, so arranged as to do the pulling, and thus save the obstetrician, as well as the mother, any exertion.

He gave his own experience in the use of ergot in labor. He had employed it for many years where the second stage was retarded by insufficient contractions and where no pelvic obstacle existed, and he regards it as a valuable resource and devoid of danger in such cases.

His opinion of anæsthetics in labor may be inferred from the statement witn which he concluded his reference to the subject. If an anæsthetic ever produced post-partum hemorrhage, injury to the child, or other than beneficial results, experience tells us it must be due to the impurity of the anæsthetic employed, or to want of that experience and discretion which is necessary, not only here, but in the use of all therapeutic measures employed for the relief of human suffering.

Dr. Bartlett concluded his eminently able paper with a plea for greater attention to constitutional treatment in pelvic disease thau is fashionable in these days of rampant specialism. "No one," he said, "who has not received thorough training in general medicine and has not tested, confirmed and enlarged his natural thought through many years of general practice, is fitted for a specialist. When medical gynecology is thus studied and practiced, aided by larger general, local, therapeutic and hygienic rdsources, which such research in time will develop, tha clearer and surer will be the diagnosis which the future will bring, and the time will come when the present brilliant triumphs of the surgical gynecologist will grow pale before the achievements of his medical co-worker."

Deaths During the Administration of Anæsthetics.—Mr. J. H. Lee MacIntire, Medical Superintendent of the Bristol Royal Infirmary, reports the following cases in the British Medical Journal:

A man, aged 54 years, was admitted to the Bristol Royal Infirmary December 30, 1881, suffering from a strangulated inguinal hernia of sixty-four hours standing. He had vomited almost incessantly from the first, and for the last twelve hours the vomited matter had been fæcal. On admission, his tongue was moist, his pulse weak but regular, and his aspect somewhat pinched. Chlo-

roform was administered preparatory to an attempt at reduction by taxis, and everything went on well for the first minute and a half, a little over one drachm being inhaled, and this amount was divided into three parts. He then commenced to struggle a little, and his pulse was noticed to have improved, when he was seen to be about to vomit. The vomited matter measured almost a pint, and was stercoraceous and very fluid. Loud tracheal rales were now heard and the breathing for the first time became embarrassed. He was immediately turned over, when nearly two quarts of fluid were ejected. His pupils were now widely dilated. Artificial respiration, inversion, cold affusion, and dragging forward of the tongue, were at once tried; air entered the lungs freely, there were no tracheal rales, and the pupils became contracted. He now vomited again, or, rather, some more fluid poured out of his mouth. Attempts to resuscitate him were persisted in for over twenty minutes, but without avail. From the first arrest of pulse and respiration, neither heart-beat nor voluntary attempt at respiration was noticed. The first vomit occupied about a minute.

The post-mortem examination showed the heart healthy, aorta slightly atheromatous, kidneys granular, and a small quantity of food, which appeared to be partly digested milk, and which was about as large of a pea, was lodged just below the rima glottidis.

A woman, aged 45 years, who had been in the ward some days with an abdominal tumor, was, on April 19, 1883, examined under the influence of an anæsthetic mixture consisting of one part of chloroform to three parts of ether. She was known to have chronic bronchitis, and was suspected of phthisis at the right apex. She had taken some beef-tea and egg a short time before examination. She took the anæsthetic very well, becoming unconscious in three minutes, and remaining so for ten, when her breathing was noticed to be growing shallow, but her pulse, color and pupils remained unaltered. She took three respirations, each more shallow than its predecessor, and gave signs of being about to vomit. She was just about to be turned over on her left side, when her breathing stopped, whilst her heart could still be seen acting. Her pulse then failed, her face became livid, and her pupils about two-thirds dilated. Inversion and artificial respiration were immediately tried, and air entered the lungs freely, with a total absence of tracheal rales. The pupils were now noticed to be about three-fourths dilated, and some half-digested liquid food oozed out of her mouth. In case any might have entered the larynx, although there was no reason to suspect such an accident, tracheotomy was performed. Artificial respiration was kept up for half an hour, and inhalations of nitrite of amyl, injections of ether, cold affusion, and an enema of brandy were also unsuccessfully tried, the patient showing no sign of returning animation from the first, with the exception of closing her jaws firmly about five minutes after the commencement of artificial respiration.

Post-mortem examination showed the heart-vessels and brain to be healthy, and there was no food in the air-passages. The abdominal tumor was due to tubercular peritonitis, and there was

general bronchitis, and some tubercle was found in the apex of the right lung.

In both cases the anæsthetic was administered on a flannel mask which covered the nose and mouth.

A third case was that of an elderly man in the Western Infirmary, Glasgow, and the anæsthetic used was chloroform. The patient was to undergo the operation of excision of the tongue. The anæsthetic was given, as is usual in the Western Infirmary, by means of a towel, and it had not been very long administered before it was noticed that respiration had ceased, that there was marked lividity of the face, and that the patient presented many of the features of a person in the tonic stage of an epileptiform convulsion. Every effort was made to re-establish breathing, but without success.

A post-mortem examination revealed nothing to account for death, beyond the presence of well-marked symptoms of asphyxia. This is the third death that has occurred in the Western Infirmary during the administration of chloroform, and its occurrence just at the present time is a atriking comment on the chloroform agitation recently carried on at the Royal Infirmary; for in this case the anæsthetic was administered by the surgeon himself, with all the care that extensive knowledge and experience of the subject could give.—*Phila. Med. Times.*

Successful Laparotomy for Intestinal Obstruction—Listerism without Spray.—A woman, 53 years of age, previously in good health, under the care of Mr. Alder Smith, was seized with acute pain just above the umbilicus, which was severe and paroxysmal, simulating biliary colic. The abdomen was normal, without tenderness or swelling. There was constipation, vomiting of bile-stained fluid, and evident obstruction of the intestine. Morphia was given in quantities sufficient to control the pain, and several doses of castor oil were administered, but were vomited in the course of an hour afterwards. A large enema of four pints of warm sweet oil, given through a stomach-tube, introdued into the colon, did not relieve the obstruction, although it brought away a few pieces of hard fæcal material. No tumor could be detected through the abdominal wall. The abdomen became swollen by tympantic distention of the ileum, and the patient had the appearance of one suffering with strangulated hernia. The operation of laparotomy was decided upon after consultation, and the patient's consent obtained. She was at this time, on the fourth day after the first appearance of the symptoms, deeply under the influence of morphia, temperature 98.6°, pulse 90, belly typanitic. She had been vomiting very slightly, no nourishment having been given except a little beef-esence and ice-water. The apartment was kept at a temperature of 95°, and the air moistened with steam. All the instruments were thoroughly washed in carbolic lotion (1;40), and afterwards dried; the operator's hands and the patient's abdomen were likewise washed and dried. The operation was done by Mr. Savory. No carbolic spray was used, and no carbolic lotion or other irritant was allowed to enter the peritoneal cavity.

The abdomen was opened by an incision extending from the umbilicus to the pubes; the intestines were much distended with flatus. Tracing them downwards, a portion of the ileum was found tightly nipped by some band or constriction; below this the intestine was flaccid and empty. On pulling this portion of the intestine and breaking through a band, a loop of strangulated intestine came out; this was intensely congested, of a deep claret color, and approaching a condition of gangrene As soon as the constricted portion was found to be pervious to flatus, no unnecessary exploration was made as to the exact cause of the constriction, but the intestines were at once returned. A little blood-stained fluid was removed by new and clean sponges from the abdomen, and the wound was closed by silk and silver sutures; there was very little bleeding, and no vessels had to be tied. The dressing consisted of lint soaked in carbolized oil (1 in 40), long strips of plaster, and a broad flannel bandage. Morphia (gr. ⅓) was given as soon as the patient recovered from the chloroform. Ice water only was ordered, and five minims of the tincture of opium every hour, the temperature of the room to be maintained at 95°. The dressing was re-applied on the third day, when the wound was found to have almost entirely healed by first intention, no pus, no peritonitis. The greatest care was observed with regard to diet; she had only a small amount of essence of beef, besides the ice-water, for a week after the operation. On the eighth day she was permitted to take some bread and milk and custard-pudding. She made a prompt and perfect recovery.—*British Med. Jour., May 26.*

Extraction of Deciduous Teeth.—The order of shedding and of eruption shows that the first to change places are the central incisors; secondly, the lateral incisors; thirdly, *not* the canines, but frequently the second molar for the second bicuspid; fourthly, the remaining molar for the other bicuspid, and lastly the canines.

In a normal condition the jaw bones continue their growth after the growth of process about the temporary teeth has ceased, and thus, as the period approaches for the eruption of the permanent teeth, we find spaces between the temporary ones, thus enlarging the alveolar arch for the accommodation of the larger members of the permanent group.

The growth or enlargement of that part of the jaw upon which the deciduous dental arch is situated seems to have obtained its complete development at the period of shedding, and the incisors and bicuspids will find room equal to their necessities.

The premature extraction of any or all even of these eight named teeth will not interfere with the natural and expected enlargement of the jaw, but the premature extraction of the canine teeth will be likely to lead to most serious results.

After the jaw bone has ceased its enlargement there seems an almost universal tendency for the bicuspids and molars to crowd to the anterior part of the mouth, and to fill any space in the alveolar arch that may not already be occupied. This is not only true in the formative period, but is equally true in adult life, if the oc-

clusion of the opposing jaw does not conteract it. The consequence of this inevitable tendency is, that unless the temporary canines remain in their places until their permanent successors are ready to emerge, the bicuspids and whatever molars are behind them will crowd forward and occupy the space which belongs to the canines.

We thus see that, whatever may be the inducement to remove any or all of the deciduous teeth prior to their period of shedding, the canines should be retained until there is ample evidence of the early emergence of their permanent successors, unless the health and comfort of the child would be sacrificed in so doing. But it would be far better to remove one or all of the deciduous teeth and take the risks of irregularity in the permanent ones, than to submit the child to constant suffering and consequent injury to its health by their retention.

In a case of retarded dentition the writer takes issue with the practitioner who removes the deciduous teeth when the usual period arrives for shedding, regardless of any evidence that the permanent ones are ready to erupt. His reason is, that the retention of the temporary tooth retards the growth of the permanent one.

In this issue is involved the function of absorbtion, and his practice would indicate that the non-absorption of the temporary tooth was the primal cause of the retarded dentition, rather than that retarded dentition is the cause of the non-absorption. Cause and effect are, in his mind, evidently transposed.

Such a practice will unquestionably lead, in many cases, to serious results.

It is not always certain, when there is no outward indication, that a tooth lies concealed.

It is not a very uncommon thing to see some one tooth of the permanent set missing, and to learn that it never erupted. And again, a retarded dentition generally indicates teeth of better organization and less liable to decay than those which have developed at an earlier age.

So long as deciduous teeth remain in the jaw in a firm and undecayed condition, with no evidence of a misdirection of their permanent successors, it is not advisable to remove them.—*Independent Practitioner.*

Calomel in Croup—Colchicum in Gout.—Dr. Jno. H. Trent, of Brooklyn, N. Y., favors us with the following brief extracts from the life of the famous Sidney Smith:

"A few months after the birth of his daughter, he went to the sea-side for his health, where, but for his courage and firmness, he would have lost her in a way he had not anticipated. When only six months old, she fell ill of the croup, with such volume that it defied all the remedies employed by the best medical men there. The danger increased with every hour. Dr. Hamilton, one of the most eminent medical men in Edinburgh, was sent for. He could not come, but said: 'Persevere in giving two grains of calomel every hour; I never knew it to fail.' It was given for eleven hours. The child grew worse and worse, The medical man in

attendance then said, 'I dare give no more; the child must die. I can do no more, but at this age I would not venture to give more calomel to my own child.' 'You said you can do no more. Hamilton says, 'Persevere.' I will take the responsibility. I will give it to her myself.' He gave it, and the child was saved.

"'I am suffering from my old complaint, the 'hay-fever,' as it is called. My fear is perishing by deliquescence. I melt away in nasal and lachrymal profluvia. My remedies are warm pediluvia, cathartics, topical application of a watery solution of opium to eyes, ears and the interior of the nostrils. The membrane is so irritated that light, dust, contradiction, an absurd remark, the sight of a dissenter—anything, sets me sneezing; and if I begin sneezing at 12, I don't leave off till 2 o'clock, and I am heard distinctly in Taunton, when the wind sets that way, a distance of six miles. Turn your mind to this little curse. If consumption is too powerful for physicians, at least they should not suffer themselves to be outwitted by such little upstart disorders as the hay fever.'

"On observing some autumn crocus in flower, he stopped. 'There,' he said, 'who would guess the virtue of that little plant? But I find the power of colchicum so great that if I feel a little gout coming on, I go into the garden and hold out my toe to that plant, and it gets well directly. I never do more without orders from headquarters."

Don't.—Don't go to bed with cold feet. Don't sleep in the same undergarments that are worn during the day. Don't sleep in a room that is not well ventilated. Don't sit or sleep in a draught. Don't lie on the left side too much. Don't lie on the back, to keep from snoring. Don't try to get along with less than seven or eight hours' sleep out of twenty-four. Don't jump out of bed *immediately* on awaking in the morning. Don't forget to rub yourself well all over with crash towel or hands before dressing. Don't forget to take a good drink of pure water before breakfast. Don't take long walks when the stomach is entirely empty. Don't start to do a day's work without eating a good breakfast. Don't eat anything but well-cooked and nutritious foods. Don't eat what you don't want just to save it. Don't eat between meals, nor enough to cause uneasiness at meal time. Don't eat the smallest morsel unless hungry, if well. Don't try to keep up on coffee or alcoholic stimulants, when nature is calling you to sleep. Don't stand over hot-air registers. Don't inhale hot air or fumes of any acids. Don't fill the gash with soot, sugar, or anything else to arrest the hemorrhage when you cut yourself, but bring the parts together with strips of adhesive plaster. Don't wear thin hose or light-soled shoes in cold or wet weather. Don't strain your eyes by reading on an empty stomach or when ill. Don't ruin your eyes by reading or sewing at dusk, by a dim light or flickering candle, or when very tired. Don't sing or hollow when your throat is sore or you are hoarse. Don't drink ice water when you are very warm, and never a glassful at a time, but simply sip it slowly. Don't take some other person's medicine because you are similarly afflicted. Don't bathe in less than two

hours after eating. Don't eat in less than two hours after bathing. Don't call so frequently on your sick friend as to make your company and conversation a bore. Don't make a practice of relating scandal, or stories calculated to depress the spirits of the sick. Don't forget to cheer and gently amuse invalids when visiting them. Don't call on your sick friend and advise him to take some other medicine, get another doctor, eat more, eat less, sit up longer, go out more frequently, stay a week, or talk him to death, before you think of leaving.—*Scientific Californian.*

Treatment of Nasal Catarrh.—To this we might add chronic pharyngitis, which, possibly, may extend into the larynx and trachia. As Buffalo is the *hub* around which all catarrhs move, and as cases without number are calling every week seeking relief from this unpleasant and frequently destroying disease, all the resources of the physician is brought into action to cope with it. The writer has used everything that he has ever read or heard of in the shape of medication, douches, inhalations, etc., but has never met with sufficient success to be enabled to guarantee a cure. Indeed the results were so unsatisfactory that the hope of success in curing catarrh had almost disappeared, when the thought presented itself that, possibly, some more active medicines might be applied locally, which would heal the ulcerated surfaces. A curved sponge holder was brought into play with a little absorbent cotton, and a preparation of carbolic acid, ʒ ss; sulphate hydrastia, gr. xv; glycerine, ℥ ss; aqua, ℥ iss; mix; was applied behind the velum as far as the holder could reach, and thoroughly on all sides and everywhere where there was inflammation or ulceration. The tronsformation was wonderful, and cases seemed to recover after six or eight treatments which, before, seemed almost hopeless. The writer has treated about seventy cases in this manner already, and all have either recovered or are on the road to recovery. This may not be original, but it seems far better than long medications. The treatment is very disagreeable, and in some cases quite painful, but if the application is made with the expiration of the breath there is but little danger of strangling, and the smarting may be only momentary or possibly last for four or five hours. It will be noticed, however, that each succeeding treatment will be attended with less pain and discomfort.—*Investigator.*

Case of Stramonium Poisoning.—Dr. C. F. Bevan reports the following case in the Medical Chronicle: A boy, æt. 12, ate three-fourths of a one-ounce package of the dried leaves, after which he appeared dull and fell asleep. An hour later he was extremely drowsy, pulse 125, temperature 101° F. in axilla, and surface of a uniform bright red from head to foot. Lips, tongue and fauces very dry and swallowing very difficult, the constriction and spasm of the muscles of deglutition suggestive of hydrophobia. Pupils widely dilated and insensible to light; vision defective and inaccurate, everything appearing green. There were delusions of hearing and other cerebral disturbances, accompanied

by boisterous laughter. Speech incoherent, intellect impaired, general sensibility greatly blunted. When recumbent the arms were thrown around wildly; when he attempted to walk his movements were like those of a person under the influence of alcohol. When he remained quiet there was subsultus tendinum. Urine high colored and frequently voided. An emetic brought up a large quantity of the weed; the stomach was then thoroughly washed out by means of a stomach pump. Bicarbonate of sodium was given freely, and in two hours three-and-a-fourth grains of sulphate of morphia were administered hypodermically, only slightly diminishing the dilated pupils. He was not allowed to rest until consciousness returned and the redness disappeared. The next day he had no recollection of what had occurred. It was a week before the pupils became normal.—*Maryland Medical Journal.*

Kairine, a Substitute for Quinine.—The Medical Press and Circular, June 6th, describes a new drug introdueed to notice in Vienna. It is prepared from chinoline, which is itself obtained synthetically from aniline, nitro-benzol, glycerin and sulphuric acid. The new agent produced from chinoline has been named Kairine, and is technically described as methoxychinolintetrahydride. It is an oil and unites with hydrochloric acid. It has a singular effect on the urine, changing its color to brown or olive green, and sometimes grass green, and also causing the development of bacteria in the urine. It is very active in its effects on the human system. Three grains in twenty-four hours is accounted a large quantity, having produced in one instance a fall of temperature, with shivering and indications of collapse. Prof. Drasche, of Vienna, considers it superior to all other drugs as a prompt anti-pyretic, and believes that it has a great future before it.—*Pacific Med. Jour.*

A Dentist's Fee.—A man with too much "sand" in him for professional profit, seated himself in a dentist's chair to try the steel method of curing toothache. He asked the dentist playfully: "I suppose you won't hurt me any?" and the dentist playfully replied: "If I don't hurt you, I won't charge you anything." The countenance of the man of sand immediately assumed an expression resembling a cross between a Quaker and a Stoic; the dentist dexterously applied a forceps having something the appearance of a gridiron struck by lightning, and the decayed basis of that "hell o' oll diseases" was, in an instant, swung aloft. The patient's placid expression never changed; he got down from the chair and remarked on the heavenly beauty of the day:

> **"—And wondered whether**
> **The cloud in the West would bring wet weather,"**

adjusted his "tie" and "plug," said adieu, and started away. As he stood in the door, the dentist inquired: "Did I hurt you any?" The reply was, "Not in the least, my dear doctor. I bid you good day." The dentist said, "H'm!"

SCIENTIFIC ITEMS.

The Gradual Cooling of the Earth.—In a "Treatise on Natural Philosophy," by Professors Sir W. Thompson and P. G. Tait, Sir W. Thompson, speaking of an opinion advanced by Sir Charles Lyell, respecting the possible maintenance of the earth's heat without change throughout countless ages, used words which, says *Knowledge*, may be applied without change of a word to the stupendous theory advanced by Sir C. Siemens not so very long since—such an idea of a practically endless cycle "violates the principles of natural philosophy in exactly the same manner, and to the same degree, as to believe that a clock constructed with a self-winding movement may fulfill the expectations of its ingenious inventor by going forever." The earth is necessarily cooling from century to century; her volcanic energies are certainly diminishing—as certainly, to use an illustration of Sir W. Thomson's, as the quantity of gunpowder in a "monitor" is diminishing when, hour after hour, she is seen to discharge shot and shell, whether at a nearly equable rate or not. without receiving fresh supplies of ammunition.—*Independent Practitioner.*

Effect of the Castor Oil Plant on Flies.—The British Medical Journal says that a castor-oil plant was placed accidentally in a room swarming with flies, but almost immediately the flies disappeared, and flies were found under the plant, or clinging to its leaves, dead. The leaves are said to give out a property deadly to insects. Who knows but the mosquito, too, may succumb to castor-oil, and that New Jersey and Staten Island may yet enjoy life, even in the dog-days?—*Microcosm.*

Octagonal Religious Services in the Eastern Penitentiary, Philadelphia.—Eigh tclergymen preached simultaneously in the Eastern Penitentiary, Philadelphia, last Sunday, to invisible audiences. This prison is conducted on the principle of solitary confinement. Each prisoner has his own lonely cell. These cells open on eight corridors, radiating from an octagonal centre. The preachers stood at the outer ends of the corridors, and could be heard by the occupants of the cells in their several sections. A group of officials and reporters in the middle of the prison experienced the sensation of listening to eight sermons at once.—*Microcosm.*

The Coldest Town in the World.—The coldest inhabited town in the world is, according to L'Union Medicale, not Irkoutsk, as has been formerly believed, but Verchojansk, in Siberia. In this place the mean temperature during the month of January was—43° F., in February, —56° F., in March. —37°. Once the thermometer recorded —81.4° F.

Tremors of the Earth.—The London *Times* publishes a synopsis of some papers on the "Tremors of the Earth," by the committee appointed to measure the lunar disturbance of gravity and by Mr. G. Darwin, which contains some statements new to the public. It is considered proved by the men of science engaged that the crust of the earth bends under the weights imposed on it, till, "when the barometer rises an inch over a land area like that of Australia, the increased load of air sinks the entire continent two or three inches below the normal level." The land actually sinks and rises under the pressure of the mass of water thrown upon it by the tides. The maximum of rise and fall on the Atlantic seaboard reaches five inches. The effect is felt at the bottom of the deepest mine, and may reach for an unknown distance. It follows that the crust of the earth must be of exceeding tenacity, uxceeding as a minimum that of granite, and its swaying may be the cause of phenomena hitherto quite unexplained, as, for example, the relation between storm and earthquake. So universal, frequent and unavoidable are these disturbances that the inquiry into the lunar disturbance of gravity has been given up. No depth can be found at which a recording instrument can be placed so as to escape their effeci. The round earth pants, in fact, like a breathing being, under changes always going on above her.—*Journal of Chemistry.*

Vaccinnating Live Stock.—M. Pasteur tells the Academy of Sciences of Paris that wonderful results are being obtained in the work of vaccinnating live stock as a preventative of disease. During the last year 80,000 sheep, 4,000 head of cattle and 500 horses have been vaccinated. Before this system was introduced the annual loss from liver-rot in one department was nine per cent., while the loss since then has been reduced over one-half. Among flocks partially vaccinated even the loss is one to ten between the vaccinated and unvaccinated. The experiment was fairly tried, the cattle receiving in care and food the some treatment. Among the 4,562 head of cattle vaccinated during the year there were but eleven deaths, the rate of mortality being reduced from 7.03 per cent. to .24 per cent.—*Jour. Hoalth.*

An Expert Machinist.—Charles Sommerville, a machinist employed in the lock works at Stamford, is so expert tn his business that he can cut an ordinary sewing machine needle in two lengthwise, drill a hole through each half, and then fasten them together so accurately that the place where it was separated cannot be seen.—*Hartford Couraut.*

Large Telephone.—Among the special features of the Munich electrical exhibition is a giant telephone which transmits music so as to be audible to the entire audience in a large hall.

Gradual Disappearance of the Spot on the Planet Jupiter.—The great red spot which has been visible on the surface of the planet Jupiter for several years is reported to be growing fainter, and the early disappearance of this remarkable object seems imminent.

PRACTICAL NOTES AND FORMULÆ.

Compound Syrup of Wild Cherry.—F. H. Hazelton (Bridgeton, Maine), in answer to an inquirer, suggests that the preparation may be the following:

Fluid extract of wild cherry	2½ fl. ounces,
" " " ipecac	½ "
" " " blood-root	½ "
Sulphate of morphine	8 grains,
Tartar emetic	2 "
Simp. syrup, sufficient to make	1 pint.

The same correspondent says that a syrup claimed to be made according to the foregoing formula is extensively sold and prescribed in the State of Maine.—*Ex.*

Blackberry Cordial.—

Dried blackberries	16 ounces troy,
Or fresh blackberries,	4 pints,
Powdered blackberry root	12 ounces.
Powdered mace	1½ "
Powdered cassia	9 drachms,
Powdered allspice and cloves, of each	5 "
Sugar	60 ounces troy,
Brandy	2 pints,
Port wine	1½ "
Alcohol	1 "
Water	q. s.

Soak the berries, if dry, in q. s. of water, and express, and repeat until 6½ pints of juice are obtained. If the berries are fresh, express the juice, and mix water with residue, to wash out all the juice; then add water to make it measure 6½ pints. Mix the spirit with the 6½ pints of juice; moisten the powders with this mixture, and pack in a percolator. Allow it to drain, and pour on water until percolate measures 10 pints; then add the sugar, dissolve, and, if necessary, filter.—*The Pharmacist.*

New Use of Chloral.—B. Bonatti recommends the following mixture as an easily administered, prompt and certain drastic purgative:

℞ Infusi sennæ	300.0 gms.	=	10 fl. oz.
Chloral	1.5 to 3.0 gms.		24 to 45 grs.
Syrupi	30.0 gms.		1 fl. oz.

The infusion of senna is to be prepared from 90 grs. (increasing, if necessary, to 180 grs.) of senna leaves. The author states that he obtained results with this mixture, after jalap and croton oil had failed to act.—*D. Med. Zeit.*

Hop Cordial.—The following is recommended as a palatable preparation, not inferior to many of the so-called "Hop Bitters":

Hops	2 ounces,
Dandelion	2 "
Gentian	2 "
Chamomile	2 "
Stillingia	2 "
Orange peel	2 "
Alcohol, water, of each	77 fl. oz.,
Syrup, simple	12 fl. oz.

Exhaust the solids with the alcohol and water, and add the syrup.—*Pop. Science Monthly.*

Brown's Troches.—

Extract of licorice, powdered	2 drachms,
Sugar, powdered	3 ounces,
Cubebs, powdered, acacia, powdered, each	½ "
Fluid extract of conium	½ "

Beat into a thick paste, and cut into lozenges.

(This is said to be the formula, according to *The Pharmacist.*)

Laxative in Childbed.—Our women have grown rebellious to the old-fashioned laxative, castor oil, as a purgative for lying in women. It is not now considered necessary or advisable to prescribe a purgative the day following the birth of the child, as was formerly the custom. It were better to wait until the third or fourth day, and then open the bowels with an enema, or give a pill of the following combination which will be found mild and efficient as a laxative, and one which does not affect the milk to the injury of the babe—

℞	Soc. aloes	grs. xv,
	Ext. nux vomica	grs. v,
	Pulv. ipecac	grs. iij,
	Ext. hyosciami	grs. v.

Make pills No. x.

M. Dose, one pill. If taken at bed-time will act pleasantly next day.

We have used with good effect Warner & Co's Aloin Parvules in such cases. Usually about 4 or 5 of these parvules will be found sufficient to open the bowels in a mild yet efficient manner. The neatness, the small size and the beauty of these little pills make them attractive and acceptable to the most delicate stomach, and the same may be said of the entire list and variety of those beautiful parvules, as prepared by Wm. R. Warner & Co.

Flatulent Dyspepsia.—The sulpho-carbolate of sodium in doses of 30 grains, after meals, is recommended as a superior remedy in flatulent dyspepsia. It is also useful in 10 gr. doses for nausea and vomiting, particularly in the vomiting of pregnancy.

For Pain Preceding the Menstrual Flow.—For the relief of acute pain in the pelvic region, which not infrequently occurs in women for a day or two antecedent to the occurrence of the menstrual flow, which is, no doubt, due to hyperæmia and hyperæsthesia of the reproductive organs, the Virginia Medical Monthly recommends the following:

℞ Codeiæ sulph.....gr. j,
Chloral hydrate, } aa.....grs. xx,
Ammonia bromidi, }
Aquæ camphoræ.....ʒ j.

M. Sig. For one dose, take at bedtime. A repetition of the dose after that time is rarely necessary. In some cases, a warm sitz-bath, for fifteen minutes before retiring, may be taken with advantage.—*Pittsburg Medical Journal.*

Oxide of Zinc in Chronic Diarrhœa.—M. Gubler has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the form:

℞ Oxide of zinc.....xxx grs.
Bi-carbonate of soda.....x grs.

In four powders, two or three daily.—*Summary.*

Liniments in Muscular Rheumatism.—The following preparations are recommended in a recent issue of the Gazette Medicale de Paris:

℞ Saponis.....ʒ iss.
Ætheris acetic.....ʒ j.
Camphoræ.....ʒ j.
M.

Or,

℞ Tr. aconit. rad.....m. l.
Ung. simplicis.....ʒ j.
Misce bene et adde.

℞ Chloroform.....ʒ iss.
Morphiæ hydrochlorate.....gr. 1-5
M.—*Med. and Surg. Rep.*

Dysmenorrhœa Mixture.—

Iodide of potassium..... 2 drachms.
Sulphate of iron..... 1½ "
Distilled water..... 2 ounces.
Tr. of cardamom..... 4 drachms.
Syrup of ginger.....12 "

Mix; dose, a teaspoonful three times a day, in a little water. Use two weeks before the period, for two periods.—*Medical and Surgical Reporter.*

EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

COLLEGE ADVERTISEMENTS.—Read the College advertisements.

TONGALINE.—See the advertisement of this article in this number of our Journal; especially adapted to neuralgia and rheumatism.

FRED STEARNS & Co.—See the advertisement of this great drug establishment of Detroit, Michigan. The house is old and well established, and their preparations neat, varied, beautiful and reliable.

SCHOOL FOR PRACTITIONERS.—We invite special attention to the advertisement of the above school, located in St. Louis. It claims to be the first college where no diploma is given to beginners, there being no degrees conferred except upon graduates in medicine.

A PREMIUM worth having is that which is given to every subscriber to that popular monthly magazine, Home, Sweet Home, published by Messrs. Ludden & Bates, Savannah, Ga. It is the Premium Album No. 1, and contains some of the best songs and instrumental pieces ever published; which would cost over $4 if purchased each piece singly. For 50 cents you can get the magazine for a year, and a copy of this Album. If you want interesting home news, subscribe for Home, Sweet Home. Send your name for a free specimen copy to Ludden & Bates' Southern Music House, Savannah, Ga.

Will send the above magazine and the SOUTHERN MEDICAL RECORD one year for $2.25.

SYR. HYPOPHOS COM. C P.—Be sure and examine the advertisement of the above article, as prepared by J. A. McArthur, M.D., and which may be found in the present issue of our journal.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—The American Medical Association, at its last meeting at Cleveland, Ohio, decided to establish a weekly medical journal, in which to publish the minutes and the papers of that body, instead of in a book of transactions, which was heretofore done.

This journal has, accordingly, been inaugurated under the editorial management of Dr. N. S. Davis, L.L.D., of Chicago. We have received the two numbers first issued, and are pleased to enter this journal on our exchange list. It is a thirty-two page double-column journal, and is creditable in appearance and edited with ability. As a representative journal of the American Medical Profession it will doubtless be warmly received, especially by the more learned and advanced minds in the profession both at home and abroad; and when its able editor shall have time to mature his plans and get fully under headway, we doubt not that we shall have a journal of great and increasing interest. And as the organ through which, from year to year, the great minds of the profession will find expression, it must prove a true and faithful exponent of our medical progress, and of the medical literature of our country.

PRACTICAL ANATOMY.

The bill before the Georgia Legislature to facilitate the study of Practical Anatomy has again failed. That a great State should demand of the Surgeon a knowledge of Anatomy, prosecuting him for mal-practice if he fails to understand it, and yet make penal all efforts to obtain the required knowledge, is an inconsistency unworthy of our boasted civilization.

MEDICAL MINISTRY.

Perhaps there is no word of more significance, and more suggestive of responsibilities and imperative duties, than the word ministry. To minister is to attend, to serve, to supply things needful, to give relief. What an important work is here suggested to the mind, full of noble, faithful, and self-sacrificial performance of the highest obligations resting upon the ministering actor in the work.

To minister, in its truest and best significance, is emphatically a labor of love. It must be an unselfish work—a work of time, of zeal and devotion; an intelligent work, comprehending with clearness and precision its duties and action, and finally, it should be a work in which the whole heart, mind and energies are engaged so that successful results may follow its performance. The lawyer ministers to his clients; the politician to his constituents; the merchant to his patrons, and the instructor to his pupils; but, with the exception of the embassadors of the Gospel and the mother whose ministrations of love are ceaseless in her unwearied devotion to her child, on no class of persons do these obligations rest as fully and imperatively as upon the minister of medicine.

But though the duties and labors are so great in this work, it has its compensations nobler and better than those of any other profession of an earthly character. It has been said of the philanthropist that,

> "The drying up of a single tear has more
> Of honest fame than shedding seas of gore."

But who can estimate the worth of the true physician in his ministry of love and humanity to these frail bodies, the harmonious action of which is so easily disturbed by disease, and which are targets at all times for the shafts of man's last dread enemy? Let every physical pain he has mitigated, every rose of health he planted upon the pallid cheek, and every fellow-creature he has restored from an untimely grave, answer the question.

When a physician hears a patient ask, "Doctor, cannot you do something for me?" or a suffering woman cry out in her agony and fear, "Doctor, do help me!" a pure and great joy thrills his heart when he feels that he can relieve the pain of that helpless woman, and turn her appealing cries of distress into smiles of joy and glad words of grateful thanks to her preserver. Yes, these frequent oases are full of strength and refreshment to the ministering physician in his weary and often thankless labor; they are sweet compensations for his toil and devotion, and pure incentives to a still higher and fuller performance of duty.

The true ministry of medicine is Christ-like in its life and character. I say this with all reverence, and it is the highest compliment I can pay the profession, whether regarded in a social, intellectual, or professional light. Like the great healing Exemplar, the true physician goes about doing good. Curing disease, not indeed by miracles, but by a thorough and intelligent knowledge of his work, and a consciousness of his power, and also, by his moral example before those with whom he comes in contact, socially or professionally.

The minister of medicine must also go whenever and wherever he is called upon to give relief to a sufferer.

There is no record where the Savior of mankind ever refused to attend a call upon His mercy, or a claim upon His power; and the physician who fails to answer a cry for help from his fellow-man where it is possible for him to respond and give relief, is false to one of the highest obligations of his ministerial work. For here, Christ-like also, he never wearies in well-doing. Love for the brotherhood of man in its periods of pain and distress, and a profound sense of the greatness of his vocation, are continual incentives to action, and give him an energy that never flags, while he feels a just pride and pure pleasure in the daily and constant exercise of his skill and capacity as a minister to suffering humanity.

Even fear of the dire pestilence does not deter him from the discharge of his conscientious duties, but putting aside all selfish and personal considerations, he offers himself, if need be, a holocaust upon the altar of man's love to his fellow-man, and adds another name to the long list of earth's dead and uncrowned heroes.

T. S. P.

Blue Ridge Springs, Va., Aug. 15, 1883.

[Concluded next month.]

HALL OF THE ST. LOUIS MEDICAL SOCIETY,
POLYTECHNIC BUILDING, CORNER 7TH AND CHESTNUT STREETS.
June 23, 1883.

On June 23d, 1883, Dr. Atwood introduced the following which was adopted by the St. Louis Medical Society, after some considerable discussion:

WHEREAS, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a New Code of Ethics, or altering and changing the existing Code in accordance with the present relations of the profession, and

WHEREAS, In said preamble the assertion is made that, "the Code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. * * * * * The time has come when the loud and very soon universal call will have to be heeded:" and,

WHEREAS, The St. Louis Medical Society did not instruct, "That the Committee be authorized to prepare a Code of Ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884;" therefore,

Resolved, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble and again expresses its fealty to the existing Code of Ethics as a time-honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without.

A. H. OHMANN-DUMESNIL, M.D., Rec. Sec'y.

TRANSACTIONS OF THE MEDICAL SOCIETY OF TENNESSEE.

ASSEMBLED AT NASHVILLE, APRIL, 1884.

It contains 104 pages, neatly printed.

The address of welcome was made by Deering J. Roberts, M.D. Also, an address of welcome by Gov. Bates.

Annual Address by W. F. Glenn, M.D., the President—subject, "Is Man Immortal?"—followed by the following interesting papers:

Historical reminiscences, by Thos. Lipscomb, M.D.

Perils of Femoral Hernia. Case reported—Enteroraphy, by A. B. Tadlock, M.D.

Plastic Surgery, by J G Sinclair, M D.

Ovarian Tumor of Twenty-two Years Duration, by W D Haygood, M D.

Vaccination and Smallpox, by J S Nowlen M D.

Case of Induced Delivery, by J W Davis, M D.

Obituary of Dr. Chas K Winston, by W P Jones, M D.

Obituary of Walter H. Sims, M D, by Thos Lipscomb, M D.

Also, Obituary notice of Rudolph Knaffle, M D.

We have not space now to notice the papers above-mentioned, some of which contain interesting matter for future reference.

TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

HELD AT MERIDIAN, APRIL, 1883.

The work is neatly gotten out and contains 139 octavo pages. The membership of the Association is large, numbering 300 members. After the printed roll appears a number of able and interesting papers, as follows:

Annual Address by the retireing President, Dr. Wirt Johnson.

Annual Oration by J. W. Trimble, M. D. Subject: Intemperance as a Disease.

Recent Advances in Surgery, by Dr. S. D. V. Hill.

Malarial Hematuria, by Dr. J. E. Halbert.

Hypodermic Use of the Sulphate of Quinine, by N. L. Guice, M. D.

Vaccination, by B. A. Vaughn, M. D.

Splint for Barton's Fracture of the Radius, by John Browning, M. D. Fracture of the Femur, by the same author. External Urethrotomy, by the same author.

Rupture of the Uterus, by W. E. Todd, M. D. Typhoid Pneumonia, by the same author.

Whooping Cough, by E. L. McGehee, M. D.

Trismus Nascentium, by J. T. Hancock, M. D. Abortive Treatment of pneumonia, by the same author.

Puerperal Convulsions, by L. W. Mabry, M. D.

Chronic Hydrocephalus, by F. Kittrell, M. D. Mumps, by D. L. Phares, M. D. Surgical Case, by R. S. Toombs, M. D.

The next meeting of the Association will be at West Point, on the first Wednesday in April, 1884.

We regret that our space will not permit comment upon the above papers, some of which, however, we may glean from hereafter.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA.

HELD IN GRAFTON, MAY 1883.

A book of 79 oc. pages, containing Constitution and By-Laws, with Minutes of the Sixteenth Annual Session, with the following interesting papers:

Annual Address, by President B. W. Allen, M. D.

Report of Committee on Epidemic Diseases, by R. W. Hall, M.D.

Report of Committee on New Remedies, by J. M. Lazzell, M.D.

The Germ Theory of Disease, by E. C. Myers, M.D.

Abuse of Ergot in Obstetric Practice, by D. Porter, M.D.

Insanity as a Disease, and the Duty of the Medical Profession of the State Concerning its Management, by George H. Carpenter, M.D.

Puerperal Fever, with Special Reference to Treatment, by S. L. Jefferson, M.D.

Report of a Case of Intra-Peritoneal Hæmatocele, by R. W. Hall, M. D.

Record of some Anomalous Obstetrical Cases, by C. F. Ulrich, M.D.

A list of members, numbering 134, closes the volume. Some of the papers contain valuable suggestions, which we hope to notice, as time and opportunity present.

OFFICERS ELECT.

PRESIDENT—A. Gerstell.

VICE PRESIDENTS—C. T. Richardson, M.D.; A. F. Stifell, M.D.; D. Porter, M.D.

TREASURER—J. A. Campbell, M.D.

SECRETARY—S. D. Jepson, M.D.

Next place of meeting, Clarksburg, 3d Wednesday in May, 1884.

PAMPHLETS RECEIVED.

Report of the Proceedings of the Illinois State Board of Health Quarterly Meeting, June 20th, 1883.

State Control of Railroad Rates, Transportation Problems, etc, California.

Report on Diseases of Women, from the First Congressional District, by R J Nunn, M D, Savannah, Ga. [Reprint from the Transactions of the Medical Association of Georgia.]

Fifth Annual Announcement of The Southern Medical College, Atlanta, Ga. W P Nicolson, Dean.

One Hundred and Eighteenth Annual Announcement of the University of Pennsylvania Medical Department. James Tyson, M D, Secretary.

A Contribution to the Study of Neglected Lacerations or the Cervix Uteri and Perineum. by Thomas A Ashby, M D, Professor of Obstetrics, Woman's Medical College of Baltimore, etc, etc. [Read before the Clinical Society of Maryland, May 4th, 1883.

Credit: Its Meaning and Moment. By Clark W. Bryan, editor and proprietor of The Paper World, and Manufacturer and Industrial Gazette.

Antisepsis in Ovariotomy and Battey's Operation: Eighteen Consecutive Cases, All Successful. Battey.

RECEIPTED.

1882.—Drs. W S Morgan, C J Nichols, Jas Sparks, S S Shropshire. L E Meiggs, T R Simonton.

1883.—Drs. J R Green, E A Speer, P Taylor, Silas Johnson, Jas B Smythe, Rob't Hall, T S Christian, E A Sylar, M M Sherman, Thos A Boggs.

SPECIAL NOTICES.

Very Handy.—A full set of Ahl's Splints, containing a splint adapted to every fracture in the body can be bought at A. L. Hernstein's Surgical Instrument Depot in Atlanta at reduced rates, ($25). Address,

A. L. HERNSTEIN, Atlanta, Ga.

Diabetes.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION of ARSENITE of BROMINE.* This remedy has also proved very useful in the treatment of a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In ½-pint bottles, $1.00 per bottle, $10.00 per dozen. Sent by express on receipt of price. Sample free to physicians. July, 1883-12 ms.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S** SADDLE BAGS are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

PEARK, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine. HENRY TRIMBLE, *Analytical Chemist.*

Purchasing Agency.—We have established a Purchasing Agency in connection with the RECORD office, by which parties desiring goods of any kind may order through us what they want, which they can obtain at lowest rates and save the expense of a trip to the city. Strict attention to the interest of the purchaser will be observed in the selection of articles. Subscribers to this Journal will be charged no commission for purchases made through this Agency. Cash should accompany every order. Address,

Dr. R. C. WORD, Managing Editor, Atlanta.

Food for Infants and Invalids.—Among the many food preparations which experience, in connection with the modern advances in chemistry, have brought into use, the article known as RIDGE'S FOOD has been extensively used and has a reputation long established and most favorable. In another part of this Journal may be found an advertisement of this valuable preparation, which the Physician will do well to examine.